

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
 04-10-2001 90034 032 ***150.00

0418236

DOCUMENT # P97000082614

1. Entity Name
TIGER TAIL OF SARASOTA, INC.

Principal Place of Business

Mailing Address

~~300 BAHAMA RD~~
~~VENICE FL 34293~~

~~300 BAHAMA RD~~
~~SUITE 25A~~
~~VENICE FL 34293~~

2. Principal Place of Business

1306 FIR AVE.

3. Mailing Address

1306 FIR AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

VENICE FL.

City & State

VENICE FL.

4. FEI Number

65-0827651

Applied For

Not Applicable

Zip

Country

34292 USA

USA

Zip

Country

34292 USA

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINSLOW, ALAN A

Name

Street Address (P.O. Box Number is not Acceptable)

1306 FIR AVE.

City

VENICE

FL

Zip Code

34292

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/3/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DPT WINSLOW, ALAN
~~300 BAHAMA RD~~
~~VENICE FL 34293~~

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
President - ALAN A. WINSLOW
1306 FIR AVE.
VENICE, FL 34292

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DVS WINSLOW, LYNN
~~300 BAHAMA RD~~
~~VENICE FL 34293~~

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Secretary - LYNN WINSLOW
1306 FIR AVE.
VENICE, FL 34292

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)